

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101550748

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		2		
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20		1		2		
21		1		2		
22		1		2		
23		2		1		
24		2		1		
25		2		1		
26		1		1		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	43	←	38	←		←
TOTAL CLAIMS	44		39			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

Handwritten signature/initials